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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/457,647 12/09/1999 ABN  
 which is a CIP of 09/350,670 07/09/1999 ABN  
 which is a CIP of 08/706,945 09/03/1996 PAT 6,369,027  
 which is a CIP of 08/577,788 12/22/1995 PAT 6,613,544

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 09/05/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> May after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 57	TOTAL CLAIMS 61	INDEPENDENT CLAIMS 7
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Verified and Acknowledged  
 Examiner's Signature *R. M. Boyle* Initials *MB*

ADDRESS  
 21069  
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TITLE  
 Combination therapy for conditions leading to bone loss

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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